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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | | | | _ | |
|---|---|----------------------|------------|-----------|------------------------------------|---|-------|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | |
| | ANN L. WAGNER | | | | | | | |
| | (b) Address (number and street) 14551 Manchester Road | ☐ Check if | address ch | nanged | | Candidate's FEC Identification Number H2MO02102 | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This New Amende | d | |
| | BALLWIN | | MO | 63011 | | Statement X (N) OR (A) | | |
| 4. | Party Affiliation | 5. Office Sought | | | 6. State & Dist | rict of Candidate | _ | |
| | REPUBLICAN PARTY | House | | | МО | 02 | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election) | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| | (a) Name of Committee (in full) ANN WAGNER FOR CONGRESS | | | | | | | |
| | (b) Address (number and street) PO BOX 50 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | BALLWIN | | | | MO | 63022 | | |
| | | | | | | | | |
| | DE | CICNIATION OF | · 071151 | D A 1 1 7 | LIODIZED | COMMITTEE | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) | | | | | | | | |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. | | | | | | | | |
| NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | | | | | | | | |
| | (h) Address (n. mshou and studet) | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | _ | |
| | | mined this Statement | and to the | best of r | my knowledge a | and belief it is true, correct and complete. | _ | |
| Si | I certify that I have exa | mined this Statement | and to the | best of r | ny knowledge a | · | | |
| | I certify that I have exa | mined this Statement | and to the | | | Date | | |
| | I certify that I have exa | mined this Statement | and to the | | ny knowledge a ronically Filed] | · | | |
| | I certify that I have exa | mined this Statement | and to the | | | Date | _ | |
| A | I certify that I have exa ignature of Candidate NN L. WAGNER | | | [Electi | ronically Filed] | Date | | |
| A | I certify that I have exa ignature of Candidate NN L. WAGNER | | | [Electi | ronically Filed] | Date 11/13/2012 | | |
| A | I certify that I have exa ignature of Candidate NN L. WAGNER | | | [Electi | ronically Filed] | Date 11/13/2012 | | |

FEC FORM 2 (REV. 02/2009)